



To Schedule: (310) 423-8000 - To Fax Orders: (310) 423-0137

Patient preps on reverse side. For exam information, please visit us at www.cedars-sinai.edu/ImagingPreps

* Required Fields

TODAY'S DATE: / / * PATIENT NAME:

APPT DATE: / / CHECK-IN TIME: : EXAM LOCATION:

* PATIENT PHONE: * PT D.O.B.:

REFERRING MD: * REFERRING MD PHONE #:

CLINICAL SIGNS/SYMPTOMS:

* MD SIGNATURE: DATE SIGNED: / /

DUPLICATE REPORTS TO:

WET READ/Immediate Results Requested. If yes, phone #:

PLEASE CHECK ONE: CT MRI NUCLEAR MEDICINE (NM) XRAY

IV CONTRAST: Radiologist's Discretion Contrast No Contrast

If Contrast, Contrast Allergy? Iodine Contrast Allergy: Yes No MRI Contrast Allergy: Yes No

- SKELETAL R L
UPPER EXT: SHOULDER HUMERUS ELBOW FOREARM WRIST HAND FINGERS/THUMB
LOWER EXT: HIP FEMUR KNEE TIB/FIB ANKLE FOOT

- XRAY
CHEST RIBS SCOLIOSIS

- SPINE
CERVICAL THORACIC LUMBAR SACRUM / SI JOINTS BRACHIAL PLEXUS

- ARTHROGRAM
MR CT XR
SITE/SIDE:

- NUCLEAR MEDICINE (NM)
NM DXA BONE DENSITY SCAN: HIP SPINE EXTREMITIES
NM BONE SCAN

- NM WITH SPECT/CT (NM BONE SCAN WHOLE BODY WITH SPECT/CT)
WITH DIAGNOSTIC CT
DIAG CT OF: LUMBAR SACRUM THORACIC CERVICAL

- HEAD AND NECK (SOFT-TISSUE, NON-SPINE)
BRAIN NECK

- PAIN MANAGEMENT
THERAPEUTIC INJ. US-GUIDED
SHOULDER HIP

- EPIDURAL
TRANSLAMINAR TRANSFORAMINAL

- FACET BLOCK
LEVELS

- MYELOGRAPHY
CERVICAL THORACIC LUMBAR

- ANGIOGRAPHY
HEAD/BRAIN NECK/CAROTID SPINE OTHER

OTHER:

SPECIAL INSTRUCTIONS:

IF PPO, REQUEST ASSIST WITH THIS AUTHORIZATION? Yes No: If No, Authorization #: Expires: / /

IF YES, PLEASE COMPLETE THE NOTES BELOW > INCLUDE AS MUCH APPLICABLE INFORMATION AS POSSIBLE
HAS THE PATIENT RECEIVED THE FOLLOWING CONSERVATIVE TREATMENT?

Physical Therapy? Yes No How Long? 3 Wks 6 Wks Other: Treatment effective? Yes No

Prescribed Medication? Yes No Type? How Long? Medication effective? Yes No

Has the Patient seen a Specialist? Yes No Is this study for Pre-Operative Evaluation? Yes No

Previous Imaging? X-Ray CT US MRI PET

Previous Imaging Results: Normal Abnormal: Finding?

Previous History (pertaining to condition):

By checking here, physician requests and directs the Medical Center to act as physician's agent in initiating and/or obtaining authorization for payments from all relevant insurance payers for all imaging services requested above.

PATIENT INFORMATION

INTERVENTIONAL RADIOLOGY INTERVENTIONAL NEURORADIOLOGY

PLEASE CALL (310) 423-2468 TO SCHEDULE A PATIENT AND FOR PREP INFORMATION.

PEDIATRIC - FOR CHILDREN UNDER 16: CALL (310) 423-8000 (OPTION 1) AND ASK FOR SPECIFIC PEDIATRIC PREPARATION INSTRUCTIONS, INCLUDING SEDATION REQUIREMENTS.

A S. MARK TAPER FOUNDATION IMAGING CENTER

CORNER OF SAN VICENTE BLVD. & GRACIE ALLEN DR.
8705 GRACIE ALLEN DRIVE, LOS ANGELES CA 90048
**VALET AND PATIENT DROP OFF IN FRONT;
VALET AND PARKING IN LOT P4**

B ADVANCED HEALTH SCIENCES PAVILION

127 S. SAN VICENTE BLVD.,
SUITE #A-2500, PLAZA LEVEL
LOS ANGELES CA 90048
VALET AND PARKING AVAILABLE IN LOT P4

C MEDICAL OFFICE TOWERS

8631 W. THIRD ST., SUITE 120 EAST
LOS ANGELES CA 90048
PARKING LOT P4 SUGGESTED

D MARK GOODSON BUILDING

444 S. SAN VICENTE BLVD.,
SUITE 106, FIRST FLOOR
LOS ANGELES CA 90048
PARKING ON SITE

